

# COMPLIANCE CHECKLIST

## ► Morgue

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

### Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
 

<p><b>X</b> = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p><b>E</b> = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p><b>W</b> = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan &amp; list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**" and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**2.1- ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- 5.12.1** ☐ Accessible directly from exterior of building  
☐ Located to avoid body transport through public areas  
☐ Autopsies performed within facility **or** ☐ Autopsies performed outside facility  
☐ autopsy facilities ☐ body holding room
- 5.12.3** ☐ Body holding room  
☐ ☐ check if service not included in facility
- 5.12.2** ☐ Autopsy Facilities  
☐ ☐ check if service not included in facility
- 5.12.2.1** ☐ body holding refrigerators
- 5.12.2.2** ☐ autopsy room  
☐ work counter  
☐ storage space for supplies, equipt. & specimens  
☐ autopsy table
- 5.12.2.3**
- ☐ Temperature control  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ negative pressure
- ☐ Temperature monitoring  
☐ alarm signal
- ☐ Vent. min. 12 air ch./hr (exhaust)  
☐ negative pressure  
☐ Handwashing station  
☐ Deep sink for washing specimens  
☐ 1 VAC per workstation  
☐ Housekeeping service sink or floor receptor

**GENERAL STANDARDS****DETAILS AND FINISHES**Corridors

- ☐ Min. staff corridor width 5'-0" (**8.2.2.1(1)**)  
☐ Fixed & portable equipment recessed does not reduce required corridor width (**8.2.2.1(2)**)  
☐ Work alcoves include standing space that does not interfere with corridor width (Policy)  
☐ ☐ check if function not included in suite

Ceiling Height (8.2.2.2)

- ☐ Ceiling height min. 7'-10", except:  
☐ 7'-8" in corridors, toilet rooms, storage rooms  
☐ sufficient for ceiling mounted equipment  
min. clearance under suspended pipes/tracks:  
☐ 6'-8" AFF in other areas

Doors (8.2.2.3)

- ☐ All doors are swing-type  
☐ Doors to occupiable rooms do not swing into corridors

Glazing (8.2.2.7)

- ☐ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

- ☐ Handwashing sink  
☐ Soap dispenser  
☐ Hand drying facilities

Floors

- ☐ Thresholds & exp. joints flush with floor surface (**8.2.2.4**)  
☐ Floors easily cleanable & wear-resistant (**8.2.3.2**)  
☐ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

- ☐ Wall finishes are washable  
☐ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

- ☐ Handwashing sinks  
☐ hot & cold water  
☐ anchored to withstand 250 lbs. (**8.2.2.8**)  
☐ wrist controls or other hands-free controls at all handwashing sinks (**1.6-2.1.3.2**)  
☐ Medical gas outlets provided per Table **2.1-5**

MECHANICAL (10.2)

- ☐ Mech. ventilation provided per Table **2.1-2**  
☐ Exhaust fans located at discharge end (**10.2.4.3**)  
☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (**10.2.4.4**)  
☐ Contaminated exhaust outlets located above roof  
☐ Ventilation openings at least 3" above floor  
☐ Central HVAC system filters provided per Table **2.1-3**

ELECTRICAL (10.3)

- ☐ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (**10.3.4.1**)  
☐ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (**10.3.7.1**)